

**STATE OF CALIFORNIA**  
**Governor's Office**  
**of Emergency Services**



**California Disaster**  
**Assistance Act**  
**Damage Survey Report**  
**(DSR)**

**STATE DISASTER NUMBER:** \_\_\_\_\_ **FEDERAL DISASTER #:** \_\_\_\_\_

**STATE APPLICANT ID NUMBER:** \_\_\_\_\_ **FEDERAL PA ID #:** \_\_\_\_\_

**STATE INCIDENT PERIOD:** (From) \_\_\_\_\_ (To) \_\_\_\_\_

**TYPE OF DISASTER:** ☐ Governor's Proclamation ☐ Director's Concurrence  
☐ Earthquake *or* ☐ Flood/Winter Storm *or* ☐ Fire  
☐ Other (Please Specify Type): \_\_\_\_\_

**TYPE OF CDAA DSR:** ☐ Emergency Work *or* ☐ Permanent Work

**SUPPLEMENT TO CDAA DSR # :** \_\_\_\_\_

**SUBGRANTEE NAME:**

**FACILITY/SITE ADDRESS OR DIRECTIONS (Include City, County of Site):**

**GPS Coordinates:** \_\_\_\_\_

**DESCRIBE DISASTER RELATED DAMAGE TO THE FACILITY/SITE:**

**SCOPE OF WORK TO BE COMPLETED:**

**Is this Facility Eligible for Federal Funds?** Yes ☐ No ☐ Unkn ☐

**Federal DSR/PW Number:** \_\_\_\_\_

**Federal Program:** FEMA ☐ NRCS ☐ FHWA ☐ USACE ☐ OTHER ☐

**Federal DSR/PW \$ Amount:** \_\_\_\_\_

**Is this an Historic Structure?** Yes ☐ No ☐ Unkn ☐

**On National Register?** ☐ **50+ Years Old?** ☐

**Significant Effect on Environment?** Yes ☐ No ☐ Unkn ☐

**Is Project Cat-X or Stat-X?** Yes ☐ No ☐ Unkn ☐

**Is there Insurance for Damages?** Yes ☐ No ☐ Unkn ☐

**Insurance Recovery:** \$ \_\_\_\_\_ **Ins. Deductible** \$ \_\_\_\_\_

**Work done by Force Account Labor?** Yes ☐ No ☐ Unkn ☐

**Percentage of Work Completed at Inspection:** \_\_\_\_\_

**Total Eligible Labor, Equipment, Materials and Contract costs from Cost Worksheet:**

**TOTAL COSTS \$:**

**\$0**

**OES Applicant Services Rep. Name**

**OES ASR Signature**

**Date of Site Inspection:** \_\_\_\_\_

**Date of DSR Submission to AC:** \_\_\_\_\_

**Recommend Eligible?** Yes ☐ No ☐

**Name of Local Representative**

**Representative's Signature**

**Concur with Scope of Work?** Yes ☐ No ☐

**Contact Telephone Number or Fax Number:** ( ) \_\_\_\_\_

**Name of Reviewer/Area Coordinator**

**Reviewer/AC Signature**

**Date Reviewed:** \_\_\_\_\_

**Recommend Eligible?** Yes ☐ No ☐

**Public Assistance Officer**

**PAO Signature**

☐ See attachment

**Approved?** Yes ☐ No ☐

explaining changes or denial

**Amount \$:** \_\_\_\_\_